

STANDARD CERTIFICATE OF BIRTH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. 522  
Registrar's No. 1388

PLACE OF BIRTH:

(a) County Maricopa (b) City or Town PH. (c) Location The Starb's Nest  
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)  
(d) Mother's Stay Before Delivery: In Hospital or Institution 45 minutes In this Community 2 yrs

USUAL RESIDENCE of Mother:

In Arizona 2 yrs. mos. days  
(a) State Ariz. (b) County Maricopa (c) City or Town PH. (d) Street No. 2001 E. Jefferson  
(If outside city limits write RURAL)

FULL NAME of Child Billy Lee Proffitt 4. DATE OF BIRTH June 26, 1940

Sex M 6. Twin or Triplet 2 7. Number months of pregnancy 9 mo 8. Is mother married? Yes  
2nd or 3d.

FATHER OF CHILD  
Full name John Proffitt  
Color or race W 11. Age at time of this birth 35 yrs.  
Birthplace Okla (City, town, or county) (State or foreign country)  
Usual occupation Lumberman  
Industry or business 0

MOTHER OF CHILD  
15. Full maiden name Ina Lantner  
16. Color or race W 17. Age at time of this birth 29 yrs.  
18. Birthplace Okla (City, town, or county) (State or foreign country)  
19. Usual occupation housewife  
20. Industry or business

Children born to this mother, including this child 6  
(a) How many other children of this mother are now living? 5  
(b) How many other children were born alive but are now dead? 1  
(c) How many children were born dead? 1

22. Mother's mailing address for registration notice:  
Mrs John Proffitt  
2001 E. Jefferson St  
PH. Arizona

(a) Pregnancy, Complications of: none  
(b) Labor, Complications of: none  
(c) Was there an operation for delivery? No (yes or no)  
State all operations none

(d) Did baby have any: (1) Congenital malformation? no  
Describe: none  
(2) Birth injury? none Describe: none  
(e) Was a prophylactic drug used in the baby's eyes? yes  
(f) Did mother have a serological test for syphilis? yes

I hereby certify that I attended the birth of this child who was born alive at the hour of 6:15 A m. on the date above stated and that the information given was furnished by Ina Proffitt related to this child as Mother

Date received by local registrar 7-13-40 Attendant's signature Edie Mahig  
M.D., midwife, or other W.P. Date signed 7/11/40  
Registrar's signature James L. Johnson Address 15 E. main